Creighton UNIVERSITY

School of Medicine

Graduate Medical Education
Internal Medicine Residency Program

Date: September 23, 2016

TO: Marybeth Canning

FROM: Erica Cichowski, M.D., Program Director, Internal Medicine Residency Program

RE: Notification of Under Review

The Clinical Competency Committee met on September 14, 2016, to review your evaluations since the beginning of the academic year (July 1, 2016). Clinical preceptors were also contacted to further define specific concerns brought up in evaluations. Based on your current progress, the Clinical Competency Committee has decided to place you on under review status.

This document is to inform you that effective September 23, 2016 through December 20, 2016 you are being placed on under review status, which indicates a need for close monitoring. The Program wants you to succeed and will work with you to rectify the issue(s) noted below.

For information about under review status, please see the GME Corrective Action Policy.

A. The deficiencies leading to your under review status are:
Ambulatory (Drs. Cichowski and Birch)

1) Unable to integrate history, physical, and lab data into a diagnosis and plan of action. Specifically, you were unable to relate typical UTI symptoms and a clearly abnormal urinalysis into a diagnosis of urinary tract infection. Also, per Dr. Cichowski, you applied lumbar spine MRI findings to a patient's complaint of neck pain. At this time, Dr. Birch develops most clinic care plans because you are unable to and this puts you below the level expected of interns.
2) Significant delays in order entry and alert processing in clinic. Dr. Birch has to retake histories and develop the plan of care frequently. Even when he explains the plan of care to the patients in your presence you are unable to follow his line of reasoning and are unable to place the orders. This is below the level expected of interns.
3) You have been unable to apply feedback and instruction provided by clinic attending to improve safety and timeliness of patient care. For example, you were unable to obtain informed consent from a clinic patient despite Dr. Birch's instructions immediately prior to performing the task yourself. Inability to follow directions is below the level of an intern and can lead to serious patient safety issues.
4) You have made errors of omission that could lead to further delays and gaps in care without direct supervision and oversight. Specifically, there was significant delay in placing a Heme/Onc consult on a patient with chronic leukemia. This is failure of reasoning and ability to follow direction and can lead to serious patient safety issues.
5) You are unable to complete 2-3 outpatient visits within a half day of clinic. Dr. Birch notes that you often see patients over the noon hour even when only 2 or 3 are scheduled.

6) You have been consistently late in arriving in clinic, which limits attending opportunity for extra instruction and support. Both of these points raise concerns about your time management skills, your ability to benefit from instruction, and your ability to prioritize your work, and puts you below the level of your peers.

Hospital Medicine (Drs. Abu Hazeem and Mirza)

7) Unable to place orders in a timely fashion in the ER, leading to delays in care and transition to the floor. Urgent orders were significantly delayed despite your assurance that they would be placed. Specifically, the patient in question needed calcium for hyperkalemia and did not receive it for 90 minutes due to delay in order entry. The patient's transfer to the floor was also delayed because of missing orders. This is related to poor time management skills and inability to prioritize critical issues for patient care, and is at a performance level below your peers.

8) Discharge summaries were not complete and had to be edited by supervising faculty more than is typical. Examples of deficits included leaving out important antibiotic data. This is below the level of your peers in what is expected in the important area of communication and handoffs and is a patient safety issue.

Transition Curriculum at Clinical Assessment Center (July, 2016)

9) Performance on standardized patient encounter noted to be less than average for peers. Specifically, documentation was scored at 50% by CAC staff. Class average 63.8% (range 50% to 81%).

B. The Program expects you to correct these deficiencies by completing the following:

Ambulatory (Drs. Cichowski and Birch)

1) Arrive at clinic by 8:30 a.m. consistently with short synopsis of ambulatory topic reviewed or Hopkins Module completed as agreed upon by clinic attending each week.

2) Present each clinic patient to clinic attending with an organized assessment, which prioritizes the highest acuity problem and plan of care that was derived from an accurate interpretation of history, physical exam, lab, and radiographic data.

3) Seek assistance from clinic attending by first presenting what your impression and plan are then incorporate feedback by appropriately placing agreed upon orders to carry out the plan of care.

4) Address alerts in a timely manner.

Hospital Medicine (Drs. Abu Hazeem and Mirza)

5) Supervising resident (HO2 or HO3) will be asked to give additional supervision over what is usually expected for an intern in reviewing your admission order entry to ensure that you are putting in orders accurately.

Transition Curriculum at Clinical Assessment Center (July, 2016)

6) Documentation to be reviewed with CAC staff in the coming weeks to define specific deficiencies and will be disclosed to you via email.

C. The Program will monitor your progress and expects to see the following changes or improvement by November 20, 2016.

Ambulatory (Drs. Cichowski and Birch)

1) Program Director (or surrogate) will review on an ongoing basis with your clinic attending your ability to integrate history and physical findings into a diagnosis and plan.

Hospital Medicine (Drs. Abu Hazeem and Mirza)

2) Chief medicine residents will meet with your supervising resident each month and report to Leadership progress specifically related to order entry progress, and any instances of inappropriate assessment of patient acuity.

3) Program Director (or surrogate) will monitor your performance in the area of discharge summaries with ward attending on HMS rotations for the remainder of the academic year.

4) Milestone scores on end-of-block evaluation will be monitored as they are posted in New Innovations.

D. Your progress will be monitored at least twice a month during documented meetings with the Program Director. You are responsible for scheduling these meetings. It is the Program Director's responsibility to be reasonably available to meet with you. The Clinical Competency Committee will review your progress on a monthly basis at regularly scheduled meetings as well. The Clinical Competency Committee will make a decision regarding continuation of under review status or other corrective action based on progress in the above areas when they meet

on December 14, 2016. The Program Director and Associate Program Director will meet with you on Tuesday, December 20, 2016 to discuss the Clinical Competency Committee's recommendations.

E. With successful accomplishment of items in (B) above, your under review status will end. If you do not successfully meet all of the expectations, your under review status may be extended in accordance with the GME Corrective Action Policy.

F. If an incident occurs during the under review period, which is grounds for probation, academic remediation, or termination, you may be placed on probation or academic remediation, or you may be terminated immediately after the Program Director consults with the DIO.

G. A copy of this document will be placed in your program personnel file with a copy sent to the Graduate Medical Education Office.

H. The Program's decision to place a House Staff Physician under review may not be grieved or appealed.

DeVRIEZE 9/23/16

Bradley DeVrieze, M.D., Associate Program Director Date
Chair, Clinical Competency Committee

Erica Cichowski MD 9-

Erica Cichowski, M.D., Program Director Date
Internal Medicine Residency Program

_____ Witness
Date

I have received a copy of this document and the below attachments.

Mary E. Canning 9-23-16

Marybeth Canning, M.D., House Staff Physician Date
Internal Medicine Residency Program

Attachments:
Corrective Action Policy
Resident Due Process and Grievance Policy

CC: Joann Porter, M.D.
Associate Dean for Graduate Medical Education